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**DECLARATION FOR UTILITY OR  
DESIGN  
PATENT APPLICATION  
(37 CFR 1.63)**

Declaration Submitted with Initial Filing       Declaration Submitted after Initial Filing (surcharge (37 CFR 1.16 (e)) required)

OR

<b>Attorney Docket Number</b>		VAC.715
<b>First Named Inventor</b>		BOYNTON, Thomas
<b>COMPLETE IF KNOWN</b>		
<b>Application Number</b>		/
<b>Filing Date</b>		Herewith
<b>Group Art Unit</b>		n/a
<b>Examiner Name</b>		n/a

**As a below named inventor, I hereby declare that:**

My residence, mailing address, and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

VACUUM ASSISTED TISSUE TREATMENT SYSTEM

*(Title of the Invention)*

the specification of which

is attached hereto

OR

was filed on (MM/DD/YYYY)  as United States Application Number or PCT International

Application Number  and was amended on (MM/DD/YYYY)  (if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or (f), or 365(b) of any foreign application(s) for patent, inventor's or plant breeder's rights certificate(s), or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent, inventor's or plant breeder's rights certificate(s), or any PCT international application having a filing date before that of the application on which priority is claimed.

<b>Prior Foreign Application Number(s)</b>	<b>Country</b>	<b>Foreign Filing Date (MM/DD/YYYY)</b>	<b>Priority Not Claimed</b>		<b>Certified Copy Attached?</b>	
			<b>YES</b>	<b>NO</b>	<input type="checkbox"/>	<input type="checkbox"/>
	USA		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto:

[Page 1 of 2]

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## DECLARATION — Utility or Design Patent Application

Direct all correspondence to:  Customer Number  
or Bar Code Label  OR  Correspondence address belowName  
Nadeem G. Bridi, C/o Kinetic Concepts, Inc.Address  
P.O. Box 659508

City	San Antonio	State	TX	ZIP	78265-9508
Country	USA	Telephone	210-255-4543	Fax	210-255-4440

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

NAME OF SOLE OR FIRST INVENTOR :  A petition has been filed for this unsigned inventor

Given Name (first and middle [if any])	Thomas A.	Family Name or Surname	Boynton
---	-----------	---------------------------	---------

Inventor's Signature	<i>Thomas A. Boynton</i>		Date	1 August 2001			
Residence: City	Floresville	State	TX	Country	USA	Citizenship	US

Mailing Address  
205 County Road 403

City	Floresville	State	TX	ZIP	78114	Country	USA
------	-------------	-------	----	-----	-------	---------	-----

NAME OF SECOND INVENTOR:  A petition has been filed for this unsigned inventor

Given Name (first and middle [if any])	Teryl Blane	Family Name or Surname	Sanders
---	-------------	---------------------------	---------

Inventor's Signature	<i>Teryl Blane Sanders</i>		Date	7-27-01			
Residence: City	San Antonio	State	TX	Country	USA	Citizenship	US

Mailing Address  
702 Stoneway

City	San Antonio	State	TX	ZIP	78258	Country
------	-------------	-------	----	-----	-------	---------

Additional inventors are being named on the 2 supplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto.

Please type a plus sign (+) inside this box →

PTO/SB/02A (11-00)

Approved for use through 10/31/2002. OMB 0651-0032

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## DECLARATION

### ADDITIONAL INVENTOR(S)

#### Supplemental Sheet

Page 1 of 2

<b>Name of Additional Joint Inventor, if any:</b>		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle [if any])		Family Name or Surname	
Keith Patrick		Heaton	
Inventor's Signature		Date	
Poole Residence: City		Dorset State	Great Britain Country
Mailing Address		33 Hermitage Road	
<b>Mailing Address</b>			
City Poole	State Dorset	ZIP BH14 0G	Country Great Britain
<b>Name of Additional Joint Inventor, if any:</b>		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle [if any])		Family Name or Surname	
Kenneth William		Hunt	
Inventor's Signature		Date	
Merley, Wimbourne Residence: City		Dorset State	Great Britain Country
Mailing Address		18 Egdon Drive	
<b>Mailing Address</b>			
City Merley, Wimbourne	State Dorset	ZIP BH21 1TY	Country Great Britain
<b>Name of Additional Joint Inventor, if any:</b>		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle [if any])		Family Name or Surname	
Mark		Beard	
Inventor's Signature		Date	
Residence: City		State	Country
<b>Mailing Address</b>			
<b>Mailing Address</b>			
City	State	ZIP	Country

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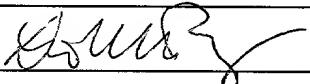
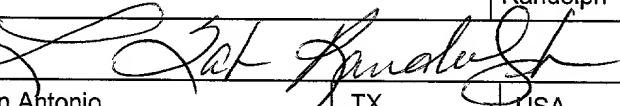
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## DECLARATION

### ADDITIONAL INVENTOR(S) Supplemental Sheet Page 2 of 2

<b>Name of Additional Joint Inventor, if any:</b>		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle [if any])		Family Name or Surname	
David M.		Tumey	
Inventor's Signature 		Date <u>8/13/01</u>	
Residence: City San Antonio	State TX	Country USA	USA Citizenship
Mailing Address 5018 New Castle Lane			
Mailing Address			
City San Antonio	State TX	ZIP 78246	Country USA
<b>Name of Additional Joint Inventor, if any:</b>		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle [if any])		Family Name or Surname	
L. Tab		Randolph	
Inventor's Signature 		Date <u>8/13/01</u>	
Residence: City San Antonio	State TX	Country USA	USA Citizenship
Mailing Address 27917 Bonn Mountain			
Mailing Address			
City San Antonio	State TX	ZIP 78260	Country USA
<b>Name of Additional Joint Inventor, if any:</b>		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
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Inventor's Signature		Date	
Residence: City	State	Country	Citizenship
Mailing Address			
Mailing Address			
City	State	ZIP	Country

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PTO/SB/81 (02-01)

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**POWER OF ATTORNEY OR  
AUTHORIZATION OF AGENT**

Application Number	n/a
Filing Date	Herewith
First Named Inventor	BOYNTON, Thomas A.
Title	Vacuum Assisted Tissue Treatment System
Group Art Unit	n/a
Examiner Name	n/a
Attorney Docket Number	VAC.715

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Name	Registration Number
Nadeem G. Bridi	42,361
William H. Quirk, IV	33,996

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Individual Name

**Kinetic Concepts, Inc.**

Address P.O. Box 659508  
Address  
City San Antonio State TX Zip 78265-9508  
Country USA  
Telephone 210-255-4543 Fax 210-255-4440

I am the:

Applicant/Inventor.

Assignee of record of the entire interest. See 37 CFR 3.71.  
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).

**SIGNATURE of Applicant or Assignee of Record**

Name

*Thomas A. Boynton*

Signature

*Thomas A. Boynton*

Date

*1 August 2001*

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below\*.

\*Total of 7 (seven) forms are submitted.

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## POWER OF ATTORNEY OR AUTHORIZATION OF AGENT

Application Number	n/a
Filing Date	Herewith
First Named Inventor	SANDERS< Teryl Blane
Title	Vacuum Assisted Tissue Treatment System
Group Art Unit	n/a
Examiner Name	n/a
Attorney Docket Number	VAC.715

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Address	P.O. Box 659508		
Address			
City	San Antonio	State	TX
Country	USA		
Telephone	210-255-4543	Fax	210-255-4440

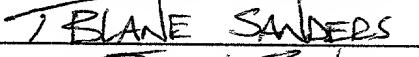
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Name	
Signature	
Date	8.17.01

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First Named Inventor	BOYNTON, Thomas A.
Title	Vacuum Assisted Tissue Treatment System
Group Art Unit	n/a
Examiner Name	n/a
Attorney Docket Number	VAC.715

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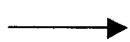
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Zip 78265-9508

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**SIGNATURE of Applicant or Assignee of Record**

Name Keith Heaton

Signature

Date

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Group Art Unit	n/a
Examiner Name	n/a
Attorney Docket Number	VAC.715

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Nadeem G. Bridi	42,361
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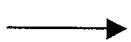
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### SIGNATURE of Applicant or Assignee of Record

Name Kenneth Hunt

Signature

Date

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First Named Inventor	BOYNTON, Thomas A.
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Group Art Unit	n/a
Examiner Name	n/a
Attorney Docket Number	VAC.715

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Name	Mark Beard
Signature	
Date	

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Attorney Docket Number	VAC.715

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### SIGNATURE of Applicant or Assignee of Record

Name DAVID M. TURNER  
Signature DAVID M. TURNER  
Date 8/12/01

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First Named Inventor	BOYNTON, Thomas A.
Title	Vacuum Assisted Tissue Treatment System
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Examiner Name	n/a
Attorney Docket Number	VAC.715

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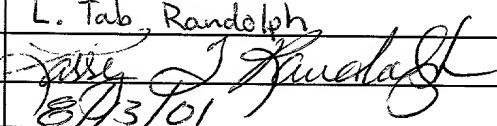
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Name	L. Tab, Randolph
Signature	
Date	8/13/01

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below\*.

Total of 7 (seven) forms are submitted.

Burden Hour Statement: This form is estimated to take 3 minutes to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.